

IC 12-24

ARTICLE 24. STATE INSTITUTIONS

IC 12-24-1

Chapter 1. Administration of State Institutions

IC 12-24-1-1

Director of division of disability, aging, and rehabilitative services

Sec. 1. The director of the division of disability, aging, and rehabilitative services has administrative control of and responsibility for the following state institutions:

- (1) Fort Wayne State Developmental Center.
- (2) Muscatatuck State Developmental Center.
- (3) Any other state owned or operated developmental center.

As added by P.L.2-1992, SEC.18. Amended by P.L.146-1993, SEC.1; P.L.4-1993, SEC.199; P.L.5-1993, SEC.212; P.L.272-1999, SEC.44.

IC 12-24-1-2

Repealed

(Repealed by P.L.146-1993, SEC.3.)

IC 12-24-1-3

Director of division of mental health and addiction; contracting power; limitations on closure and operation of certain facilities in Evansville

Sec. 3. (a) The director of the division of mental health and addiction has administrative control of and responsibility for the following state institutions:

- (1) Central State Hospital.
- (2) Evansville State Hospital.
- (3) Evansville State Psychiatric Treatment Center for Children.
- (4) Larue D. Carter Memorial Hospital.
- (5) Logansport State Hospital.
- (6) Madison State Hospital.
- (7) Richmond State Hospital.
- (8) Any other state owned or operated mental health institution.

(b) Subject to the approval of the director of the budget agency and the governor, the director of the division of mental health and addiction may contract for the management and clinical operation of Larue D. Carter Memorial Hospital.

(c) The following applies only to the institutions described in subsection (a)(2) and (a)(3):

- (1) Notwithstanding any other statute or policy, the division of mental health and addiction may not do the following after December 31, 2001, unless specifically authorized by a statute enacted by the general assembly:

- (A) Terminate, in whole or in part, normal patient care or other operations at the facility.
- (B) Reduce the staffing levels and classifications below those

in effect at the facility on January 1, 2002.

(C) Terminate the employment of an employee of the facility except in accordance with IC 4-15-2.

(2) The division of mental health and addiction shall fill a vacancy created by a termination described in subdivision (1)(C) so that the staffing levels at the facility are not reduced below the staffing levels in effect on January 1, 2002.

(3) Notwithstanding any other statute or policy, the division of mental health and addiction may not remove, transfer, or discharge any patient at the facility unless the removal, transfer, or discharge is in the patient's best interest and is approved by:

(A) the patient or the patient's parent or guardian;

(B) the individual's gatekeeper; and

(C) the patient's attending physician.

(d) The Evansville State Psychiatric Treatment Center for Children shall remain independent of Evansville State Hospital and the southwestern Indiana community mental health center, and the Evansville State Psychiatric Treatment Center for Children shall continue to function autonomously unless a change in administration is specifically authorized by an enactment of the general assembly.

As added by P.L.2-1992, SEC.18. Amended by P.L.215-2001, SEC.64; P.L.192-2002(ss), SEC.154.

IC 12-24-1-4

Transfer of developmentally disabled and mentally ill patients between state institutions

Sec. 4. A director, or the directors of the affected state institutions, may do the following:

(1) Transfer a developmentally disabled patient between state institutions.

(2) In consultation with the patient's treating physician, transfer a mentally ill patient between state institutions.

As added by P.L.2-1992, SEC.18.

IC 12-24-1-5

Exercise of power by director and superintendent restricted

Sec. 5. (a) If this article grants a director a power, the director may exercise the power with respect to any state institution over which the director has administrative control and responsibility.

(b) If this article grants a superintendent a power, the superintendent may exercise the power only with respect to the state institution under the administrative control of the superintendent.

As added by P.L.2-1992, SEC.18.

IC 12-24-1-6

Construction of terms

Sec. 6. For purposes of this article, the following apply:

(1) An official of a state institution is also considered an official of the state institution's division.

(2) An employee of a state institution is also considered an employee of the state institution's division.

(3) The property of a state institution is also considered the property of the state institution's division.

(4) A rule of a state institution is also considered a rule of the state institution's division.

As added by P.L.2-1992, SEC.18.

IC 12-24-1-7

Closing of Central State Hospital

Sec. 7. (a) During the closing of Central State Hospital, and after the institution is closed, the division of mental health and addiction shall secure, maintain, and fund appropriate long term inpatient beds for individuals who have been determined by a community mental health center to:

(1) have a chronic and persistent mental disorder or chronic addictive disorder; and

(2) be in need of care that meets the following criteria:

(A) Twenty-four (24) hour supervision of a patient is available.

(B) A patient receives:

(i) active treatment as appropriate for a chronic and persistent mental disorder or chronic addictive disorder;

(ii) case management services from a state approved provider; and

(iii) maintenance of care under the direction of a physician.

(C) Crisis care.

(b) An individual placed in a long term inpatient bed under this section shall receive at least the care described in subsection (a)(2)(A) through (a)(2)(C).

(c) The number of long term inpatient beds that must be secured, maintained, and funded under subsection (a) must satisfy both of the following:

(1) The number of long term inpatient beds in the county where the hospital was located may not be less than twenty-one (21) adults per one hundred thousand (100,000) adults in the county where the hospital was located.

(2) The total number of long term inpatient beds may not be less than twenty-one (21) adults per one hundred thousand (100,000) adults in the catchment area served by Central State Hospital. The division may reduce the total number of long term inpatient beds required by this subdivision whenever the division determines that caseloads justify a reduction. However:

(A) the total number of long term inpatient beds may not be reduced below the number required by subdivision (1); and

(B) the number of long term inpatient beds in the county where the hospital was located may not be reduced below the number required by subdivision (1).

(d) The division is not required to secure, maintain, and fund long term inpatient beds under this section that exceed the number of individuals who have been determined by a community mental health center to be in need of inpatient care under subsection (a). However, subject to the limitations of subsection (c), the division shall at all

times retain the ability to secure, maintain, and fund long term inpatient beds for individuals who satisfy the criteria in subsection (a) as determined by the community mental health centers.

(e) An individual may not be placed in a long term inpatient bed under this section at Larue D. Carter Memorial Hospital if the placement adversely affects the research and teaching mission of the hospital.

(f) Notwithstanding any other law, the director of the division of mental health and addiction may not terminate normal patient care or other operations at Central State Hospital unless the division has developed a plan to comply with this section. Before closing Central State Hospital, the director shall submit a report to the legislative council containing the following information:

(1) The plans the division has made and implemented to comply with this section.

(2) The disposition of patients made and to be made from July 1, 1993, to the estimated date of closing of Central State Hospital.

(3) Other information the director considers relevant.

As added by P.L.40-1994, SEC.47. Amended by P.L.253-1997(ss), SEC.11; P.L.215-2001, SEC.65.

IC 12-24-1-8

Notice regarding requests for names of nursing personnel or direct care staff

Sec. 8. (a) Each state institution shall post a notice that a resident, the legal representative of the resident, or another individual designated by the resident may request from the individual in charge of each shift information that designates the names of all nursing personnel or direct care staff on duty by job classification for the:

(1) wing;

(2) unit; or

(3) other area as routinely designated by the state institution;

where the resident resides.

(b) The notice required under subsection (a) must meet the following conditions:

(1) Be posted in a conspicuous place that is readily accessible to residents and the public.

(2) Be at least 24 point font size on a poster that is at least eleven (11) inches wide and seventeen (17) inches long.

(3) Contain the:

(A) business telephone number of the superintendent of the state institution; and

(B) toll free telephone number for filing complaints with the division that is administratively in charge of the state institution.

(4) State that if a resident, the legal representative of the resident, or another individual designated by the resident is unable to obtain the information described in subsection (a) from the individual in charge of each shift, the resident, the legal representative of the resident, or other individual designated by the resident may do any of the following:

- (A) Contact the superintendent of the state institution.
 - (B) File a complaint with the division that is administratively in charge of the state institution by using the division's toll free telephone number.
 - (c) The director of the:
 - (1) division of disability, aging, and rehabilitative services; and
 - (2) division of mental health and addiction;may adopt rules under IC 4-22-2 to carry out this section.
- As added by P.L.108-2000, SEC.1. Amended by P.L.215-2001, SEC.66.*

IC 12-24-1-9

Semiannual statistical reports

Sec. 9. (a) A director shall produce a statistical report semiannually for each state institution that is under the director's administrative control. The statistical report must list the following information:

- (1) The number of total hours worked in the state institution by each classification of personnel for which the director maintains data.
- (2) The resident census of the state institution for which the director maintains data.
- (b) The director shall provide a compilation of the statistical reports prepared under subsection (a) to the following:
 - (1) Each state institution that is under the director's administrative control.
 - (2) The adult protective services unit under IC 12-10-3.
- (c) Each state institution shall:
 - (1) make available in a place that is readily accessible to residents and the public a copy of the compilation of statistical reports provided under this section; and
 - (2) post a notice that a copy of the compilation of statistical reports may be requested from the individual in charge of each shift.
- (d) The notice required under subsection (c)(2) must meet the following conditions:
 - (1) Be posted in a conspicuous place that is readily accessible to residents and the public.
 - (2) Be at least 24 point font size on a poster that is at least eleven (11) inches wide and seventeen (17) inches long.
 - (3) Contain the:
 - (A) business telephone number of the superintendent of the state institution; and
 - (B) toll free telephone number for filing complaints with the division that is administratively in charge of the state institution.
 - (4) State that if a resident, the legal representative of the resident, or another individual designated by the resident is unable to obtain the compilation of statistical reports from the individual in charge of each shift, the resident, the legal representative of the resident, or other individual designated by the resident may do any of the following:
 - (A) Contact the superintendent of the state institution.

(B) File a complaint with the division that is administratively in charge of the state institution by using the division's toll free telephone number.

(e) The director of the:

- (1) division of disability, aging, and rehabilitative services; and
- (2) division of mental health and addiction;

may adopt rules under IC 4-22-2 to carry out this section.

As added by P.L.108-2000, SEC.2. Amended by P.L.215-2001, SEC.67.

IC 12-24-1-10

Prohibiting termination of patient care at Muscatatuck; conducting public hearing, study, and report; developing downsizing plan for Muscatatuck; report approval; closing Muscatatuck

Sec. 10. (a) Notwithstanding any other law, the director of the division of disability, aging, and rehabilitative services may not terminate normal patient care or other operations at Muscatatuck State Developmental Center unless the division has complied with this section.

(b) The division shall conduct at least one (1) public hearing at a handicap accessible location in the county where Muscatatuck State Developmental Center is located to obtain written and oral testimony from all persons interested in the effect that the center's downsizing would have on:

(1) Muscatatuck State Developmental Center:

- (A) residents;
- (B) residents' families; and
- (C) employees; and

(2) communities surrounding Muscatatuck State Developmental Center.

(c) The division shall conduct a study of the following issues:

(1) The risks to the health and well-being of residents of Muscatatuck State Developmental Center and the families of residents that arise from:

- (A) downsizing Muscatatuck State Developmental Center; and
- (B) transferring residents to new placements.

(2) The types of placements needed to adequately serve residents of Muscatatuck State Developmental Center in a setting that is located within the vicinity of the families of residents, including:

- (A) the availability of adequate placements; and
- (B) the need to develop new placement opportunities.

(3) The economic impact that downsizing will have on:

(A) Muscatatuck State Developmental Center:

- (i) residents;
- (ii) residents' families; and
- (iii) employees; and

(B) communities surrounding Muscatatuck State Developmental Center.

(4) The existence of environmental hazards on the property where Muscatatuck State Developmental Center is located.

(5) Opportunities for reuse of the Muscatatuck State

Developmental Center property in a manner that will enhance the economy of the area.

(d) After the public hearing required under subsection (b), the division shall submit a report to the legislative council and the budget agency that contains the following information:

- (1) A summary of the testimony received at the public hearing required under subsection (b).
- (2) The results of the division's study under subsection (c).
- (3) Other information the director of the division considers relevant.

(e) The division shall develop a plan for the downsizing of Muscatatuck State Developmental Center. The plan must include the following:

(1) A plan and timetable for placement of appropriate residents of Muscatatuck State Developmental Center in adequate placements that fully meet the needs of the residents before downsizing Muscatatuck State Developmental Center.

(2) A plan for moving residents to alternative placements that protects the physical health, mental health, and safety of the residents.

(3) A plan for keeping:

(A) Muscatatuck State Developmental Center:

- (i) residents;
- (ii) residents' families; and
- (iii) employees; and

(B) communities surrounding Muscatatuck State Developmental Center;

informed of each significant step taken in the planning, resident placement, and downsizing process.

(4) An environmental plan for the elimination of any environmental hazards on the property where Muscatatuck State Developmental Center is located.

(5) A plan and timetable for the reuse of the Muscatatuck State Developmental Center property in a manner that will provide for the best economic use of the property.

(6) A plan for monitoring compliance with the standards set to assure the health and safety of residents, compliance with this section, and compliance with the plans developed under this section.

The division shall submit the plan required under this subsection to the legislative council and the budget agency at the same time that the report required under subsection (d) is submitted.

(f) The report required under subsection (d) and the plan required under subsection (e) must be approved by the budget director after review by the legislative council and the budget committee.

(g) The director may not complete the closure of Muscatatuck State Developmental Center until:

- (1) the report and plan are approved by the budget director under subsection (f); and
- (2) residents of Muscatatuck State Developmental Center are placed in adequate placements that:

- (A) fully meet the capabilities and needs of the residents;
- (B) are located sufficiently close to the families of residents so that the families may maintain the same level of contact with the residents that the families had before the residents were transferred from Muscatatuck State Developmental Center; and
- (C) are acceptable to the individual or the individual's representative.

As added by P.L.190-2002, SEC.2.